

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number

101549690

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|-----------------|--------------------------|
| U.S. NATIONAL STAGE FEES | | |
| BASIC FEE | | |
| EXAMINATION FEE | | |
| SEARCH FEE | | |
| Fee for Extra Spec. PGS. | minus 100 = | / 50 = |
| TOTAL CHARGEABLE CLAIMS | 19 minus 20 = * | * |
| INDEPENDENT CLAIMS | 2 minus 3 = * | * |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

| SMALL ENTITY TYPE | <input type="checkbox"/> | OR | OTHER THAN SMALL ENTITY |
|----------------------|--------------------------|----|----------------------------|
| RATE | Fee | | RATE |
| BASIC FEE | | OR | BASIC FEE |
| EXAM. FEE | | | 200 |
| SEARCH FEE | | | 200 |
| X \$ 125 = | | | 400 |
| X \$ 25 = | | | X \$ 250 = |
| X \$ 100 = | | | X \$ 50 = |
| + \$ 180 = | | | X \$ 200 = |
| TOTAL | | | + \$ 360 = |
| | | | TOTAL |
| | | | 900 |

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|-------------|--|---|---|
| AMENDMENT A | A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| | Total | * 19 | Minus ** 20 = — |
| | Independent | * 2 | Minus *** 3 = — |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | <input type="checkbox"/> |

| SMALL ENTITY | <input type="checkbox"/> | OR | OTHER THAN SMALL ENTITY |
|---------------------|--------------------------|----|----------------------------|
| RATE | ADDI- TIONAL FEE | | RATE |
| X \$ 25 = | | OR | X \$ 50 = |
| X \$ 100 = | | OR | X \$ 200 = |
| + \$ 180 = | | OR | + \$ 360 = |
| TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF |

| | (Column 1) | (Column 2) | (Column 3) |
|-------------|--|---|---|
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| | Total | * Minus ** | = |
| | Independent | * Minus *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | <input type="checkbox"/> |

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|------|------------------------|
| X \$ 25 = | | OR | X \$ 50 = |
| X \$ 100 = | | OR | X \$ 200 = |
| + \$ 180 = | | OR | + \$ 360 = |
| TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.